



OFFICE OF
INSPECTOR OF BUILDINGS
CITY OF LEOMINSTER, MASS

No. _____

Date: _____

APPLICATION FOR PERMIT TO ERECT SIGN

WALL SIGN FREESTANDING SIGN OVERHANGING SIGN ROOF SIGN

Address at location of sign _____ Zone _____

Business Name _____

Owner's Name _____

Owner's Address _____

Contractor _____ Telephone: _____

Size of Sign _____ Perm. _____ Temp. _____

1. Total area of building fronting street/streets _____

2. Total area of existing freestanding sign/signs _____

3. Combined total area of existing sign/signs _____

4. Total of freestanding signs allowed _____

5. Combined total area of all signs allowed _____

6. Material _____

7. How illuminated _____

8. Height to top - (above grade - max 35") _____

9. Distance from street line _____

10. Distance from curb line (min. 2') _____

11. Length of Projection _____ (max. projection 4') _____

Note: Attached-projecting signs permitted in Business B Zone only.

12. Distance from center line of intersecting streets _____

13. Height above street grade at curb line (min. 10' - max. 14') _____

14. Insurance bond on file _____

15. Petition submitted to City Council _____

16. Council action _____

17. Estimated cost \$ _____

No sign shall devote more than fifty percent (50%) of its area to an advertisement relating to any particular product, such as gasoline stations and new car dealers.

REMOVAL OF SIGNS - The owner of the property of which the sign is located shall be responsible for the removal of any signs in violation of this ordinance within 30 days of the issuance of a notice of violation by the Building Inspector.

(TURN OVER AND COMPLETE BACK SIDE)

Sign Permit Application

Scale drawings of location: type and area of existing signs on the premises are to be submitted in addition to information required for sign/signs for which a permit is sought. Plans and specifications shall be filed showing the dimensions, materials and the required details of construction including loads, stresses and anchorage for all signs or outdoor display structure to be erected. Any sign twelve (12) feet or over in height above adjoining average grade, or any freestanding signs with an area of over sixty (60) sq. ft. or any roof signs, projecting signs or marquee signs shall have structural drawings and specifications including foundations submitted by a Registered Professional Engineer.

SKETCH

Signature of Owner or Authorized Agent_____

Application Approved_____Assessors Page No._____Lot No._____

Violation of City of Leominster Zoning Ordinance, Chapter 22, Article II, Sec._____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____